



## GEMS Access Request Form



Please use this form to request access to the secure GEMS site. The secure site gives the user access to unmasked, student-level data for the school or district for the indicated access area. District access includes all schools within the district. Once the district's Authorized Representative has signed this form, you can mail it to OPI Security Desk, P.O. Box 202501, Helena, MT 59620-2501 or fax to 406-444-1369.

County Name: \_\_\_\_\_

LEA/Organization Name: \_\_\_\_\_

LE Number: \_\_\_\_\_

School Name: \_\_\_\_\_

SC Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

SEID: \_\_\_\_\_

**GEMS Access Area:** (check or circle all that apply)

☐ Achievement   ☐ Finance   ☐ Free and Reduced Lunch   ☐ Enrollment   ☐ College Readiness

☐ Special Education   ☐ Homeless, Neglected & Delinquent   ☐ Career and Technical Education

**Job Duties:** (check or circle all that apply)

☐ District Superintendent   ☐ District Clerk   ☐ Principal   ☐ Other \_\_\_\_\_

☐ Special Education Director   ☐ Testing Coordinator   ☐ Determining Official   ☐ Homeless, N&D Liaison

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**Authorized Representative must sign below in order to process this form.**

**With my signature below, I certify the accuracy of the information submitted on this form.**

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*